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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/011,011	11/19/2001	Francisco Sureda	14XZ00088	7584
23413	7590	05/18/2007	EXAMINER ALHIJA, SAIF A	
CANTOR COLBURN, LLP 55 GRIFFIN ROAD SOUTH BLOOMFIELD, CT 06002			ART UNIT 2128	PAPER NUMBER
		MAIL DATE 05/18/2007	DELIVERY MODE PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)
	10/011,011	SUREDA ET AL.
	Examiner	Art Unit
	Saif A. Alhija	2128

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 20 February 2007.
- 2a) This action is FINAL. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 2-55, 57, 59 and 60 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 2-55, 57, 59 and 60 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on 19 November 2002 is/are: a) accepted or b) objected to by the Examiner. Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a). Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 - a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) Notice of References Cited (PTO-892)
- 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date _____
- 4) Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____
- 5) Notice of Informal Patent Application
- 6) Other: _____

DETAILED ACTION

1. Claims 2-55, 57, and 59-60 have been presented for examination.

Claims 56, and 61-63 have been cancelled.

Response to Arguments

2. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 20 February 2007 has been entered.

i) Following Applicants amendment and cancellation of claims 61-63 the Claim Objections of claims 60-63 are withdrawn, the 101 rejections of claims 60-63 are withdrawn, and the 112 2nd rejections of claims 2-56 and 59-63 are withdrawn.

ii) Applicant argues that Haridas is absent employment of the predictive analysis in the course of an interventional operation. As stated in the Advisory Action dated 16 January 2007, the Haridas reference anticipates the instantaneous and future states of the prosthesis placed in the blood vessel as recited in the claims. This can be seen in Figures 7-8, cited in the previous office action, as well as in the previously cited sections. Haridas recites modeling of the balloon prosthesis in the lumen of the stenosis and then inflating the model, which represents an interventional operation. The broadest reasonable interpretation of the claims would allow for the balloon either inflated or deflated to read on the instantaneous state and the resultant of an inflation or deflation of the balloon to be a future state. The inflation/deflation of the balloon would represent actions by an operator and therefore an interventional operation. Applicant has not stated the difference between the simulated operation and an actual operation in the claims. With respect to Applicants discussion of an "actual prosthesis." As stated above the claims do not recite an "actual prosthesis." The claims recite simulating the deployment of a prosthesis as well as determining a model and an image of the prosthesis. When taken in light of the specification and the claim as a whole the prosthesis is a simulated prosthesis of which a model and an image are utilized in the simulation. See Paragraph 8-9, for example, in the Specification of the instant application. Applicants claimed limitation states, "interventionally deploying the prosthesis," which refers to the previously disclosed simulated/imaged prosthesis. Assuming that two types of prosthesis are discussed in the claims this would represent a lack of antecedent basis

since it is unclear to which prosthesis the claims are directed when they state “the prosthesis.” See 112 2nd rejection below.

iii) Examiner has cited particular columns and line numbers in the references applied to the claims for the convenience of the applicant. Although the specified citations are representative of the teachings of the art and are applied to specific limitations within the individual claim, other passages and figures may apply as well. It is respectfully requested from the applicant in preparing responses, to fully consider the references in their entirety as potentially teaching all or part of the claimed invention, as well as the context of the passage as taught by the prior art or disclosed by the Examiner.

iv) The Examiner respectfully requests, in the event the Applicants choose to amend or add new claims, that such claims and their limitations be directly mapped to the specification, which provides support for the subject matter. This will assist in expediting compact prosecution.

v) Further, the Examiner respectfully encourages Applicants to direct the specificity of their response with regards to this office action to the broadest reasonable interpretation of the claims as presented. This will avoid issues that would delay prosecution such as limitations not explicitly presented in the claims, intended use statements that carry no patentable weight, mere allegations of patentability, and novelty that is not clearly expressed.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. **Claims 2-55, 57, and 59-60 rejected** under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

i) The claims recite “an endovascular prosthesis” as well as “the interventionally deployed prosthesis” as well as “the prosthesis.” It is unclear to which prosthesis the claim is referring back. It is unclear if the endovascular prosthesis is being interventionally deployed, in that an image of the prosthesis is deployed, or some other prosthesis. Applicant’s arguments state that there are two distinct prosthesis however the claim, taken in its broadest reasonable interpretation, does not explicitly state two different prosthesis. Applicants are respectfully

encouraged to further explicitly state which prosthesis is which and which actions are being performed with which exact prosthesis. The issues renders the claim vague and indefinite.

Appropriate correction is required.

All claims dependent upon a rejected base claim are rejected by virtue of their dependency.

Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

4. **Claims 2-55, 57, and 59-60 are rejected** under 35 U.S.C. 102(b) as being clearly anticipated by **Haridas et al, Medical Device and Diagnostic Industry Magazine “Predictive Analysis at the Forefront of Medical Product Development”**, hereafter referred to as **Haridas**.

Regarding Claim 57:

Haridas discloses A system to simulate in the course of an interventional operation, in order to ensure a desired result of the operation, the diameter enlargement of a lesion of a blood vessel comprising:

means for providing an endovascular prosthesis; (Page 4, “What If” Material Sensitivity Studies. Page 5,

Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

means for providing a computer equipped with data storage; (Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

means for processing and display; (Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

means for visualizing a three-dimensional simulated image showing the result of interaction between the lesion and the endovascular prosthesis after deployment of the prosthesis, the three-dimensional simulated image being obtained by superposition of two three-dimensional images; (Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

and the means for providing a computer being optionally connected to a means for display; (Page 4,

“What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

means for interventionally deploying the prosthesis in the blood vessel at the lesion; (Page 4, “What If”

Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

means for determining during intervention a composition of the lesion; (Page 4, “What If” Material

Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

in response to the interventionally deployed prosthesis and the determined lesion composition during

intervention, means for taking into account the instantaneous state of the endovascular prosthesis and shape

of the lesion in order to further simulate and visualize in three dimensions a future state of the endovascular

prosthesis and of the lesion as a function of possible actions indicated by an operator; (Page 4, “What If”

Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

thereby enabling in the course of the interventional operation, to take the present stage of operational

parameters into account so that a simulated final state of the operation can be visualized. (Page 4, “What If”

Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

Regarding Claim 59:

Haridas discloses A method for simulating in the course of an interventional operation, in order to ensure a desired result of the operation, the diameter enlargement of a lesion of a blood vessel by an endovascular prosthesis comprising:

determining a model of the lesion; (Page 4, “What If” Material Sensitivity Studies. Page 5,

Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

creating a three-dimensional image of the lesion from the model; (Page 4, “What If” Material

Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

determining a model of the prosthesis when in a non-deployed state; (Page 4, “What If” Material

Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

creating a three-dimensional image of the prosthesis from the model; (Page 4, “What If”

Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

deploying via simulation the prosthesis into the blood vessel; (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

superimposing the deployed three-dimensional image of the prosthesis and the three-dimensional image of the lesion to provide a combined three-dimensional image to visualize via simulation the interaction or involvement between the lesion and the deployed prosthesis; (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

interventionally deploying the prosthesis in the blood vessel at the lesion; (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

using supplementary imaging, determining during intervention a composition of the lesion; (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

in response to the interventionally deployed prosthesis and the determined lesion composition during intervention, taking into account the instantaneous state of the endovascular prosthesis and shape of the lesion in order to further simulate and visualize in three dimensions a future state of the endovascular prosthesis and of the lesion as a function of possible actions indicated by an operator; (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

thereby enabling in the course of the interventional operation, to take the present stage of operational parameters into account so that a simulated final state of the operation can be visualized. (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

Regarding Claim 60:

Haridas discloses A computer program embodied in a computer readable medium comprising program code that when executed by a computer, causes the computer to perform a method for simulating in the course of an interventional operation, in order to ensure a desired result of the operation, the diameter enlargement of a lesion of a blood vessel by an endovascular prosthesis, the method comprising:

determining a model of the lesion; (Page 4, "What If" Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

creating a three-dimensional image of the lesion from the model or parametric characteristics;

(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

determining a model or parametric characteristics of the prosthesis when in a non-deployed state;

(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

creating a three-dimensional image of the prosthesis from the model or parametric characteristics;

(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)

deploying via simulation the prosthesis into the blood vessel; **(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)**

and superimposing the deployed three-dimensional image of the prosthesis and the three-dimensional image of the lesion to provide a combined three-dimensional image to visualize via simulation the interaction or involvement between the lesion and the deployed prosthesis; **(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)**

interventionally deploying the prosthesis in the blood vessel at the lesion; **(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)**

using supplementary imaging, determining during intervention a composition of the lesion; **(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)**

in response to the interventionally deployed prosthesis and the determined lesion composition during intervention, taking into account the instantaneous state of the endovascular prosthesis and shape of the lesion in order to further simulate and visualize in three dimensions a future state of the endovascular prosthesis and of the lesion as a function of possible actions indicated by an operator; **(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)**

thereby enabling in the course of the interventional operation, to take the present stage of operational parameters into account so that a simulated final state of the operation can be visualized. **(Page 4, “What If” Material Sensitivity Studies. Page 5, Paragraph 1. Page 6, Paragraphs 1-2. Figure 7-10)**

Regarding Claim 2:

Haridas discloses Method according to claim 59, wherein the two three-dimensional images comprise a first three-dimensional simulated image showing the endovascular prosthesis deployed, taking into account the resistance of the lesion, and a second three-dimensional simulated image showing the enlarged lesion following the deployment of the endovascular prosthesis. (Page 4, “What If” Material Sensitivity Studies. Page 6, Figure 8)

Regarding Claim 3:

Haridas discloses Method according to claim 2, wherein the first three-dimensional simulated image showing the endovascular prosthesis deployed is obtained from a model of the implant. (Page 4, “What If” Material Sensitivity Studies. Page 6, Figure 8)

Regarding Claim 4:

Haridas discloses Method according to claim 3, wherein the model of the implant is obtained from the mechanical characteristics of the prosthesis or from characteristics of the prosthesis and a three-dimensional image of the contracted prosthesis. (Page 4, “What If” Material Sensitivity Studies. Page 6, Figure 8)

Regarding Claim 5:

Haridas discloses Method according to one of claim 2, wherein the second three-dimensional simulated image showing the enlarged lesion is obtained from a model of the lesion. (Page 4, “What If” Material Sensitivity Studies. Page 6, Figure 8)

Regarding Claim 6:

Haridas discloses Method according to one of claim 3, wherein the second three-dimensional simulated image showing the enlarged lesion is obtained from a model of the lesion. (Page 4, “What If” Material Sensitivity Studies. Page 6, Figure 8)

Regarding Claim 7:

Haridas discloses Method according to one of claim 4, wherein the second three-dimensional simulated image showing the enlarged lesion is obtained from a model of the lesion. (Page 4, “What If” Material Sensitivity Studies. Page 6, Figure 8)

Regarding Claim 8:

Haridas discloses Method according to claim 2, wherein the model of the lesion is obtained from the composition and biomechanical properties of the blood vessels and surrounding atheromatous plaques and from a three-dimensional image of the lesion. (Page 6, Paragraph 2)

Regarding Claim 9:

Haridas discloses Method according to claim 3, wherein the model of the lesion is obtained from the composition and biomechanical properties of the blood vessels and surrounding atheromatous plaques and from a three-dimensional image of the lesion. (Page 6, Paragraph 2)

Regarding Claim 10:

Haridas discloses Method according to claim 4, wherein the model of the lesion is obtained from the composition and biomechanical properties of the blood vessels and surrounding atheromatous plaques and from a three-dimensional image of the lesion. (Page 6, Paragraph 2)

Regarding Claim 11:

Haridas discloses Method according to claim 5, wherein the model of the lesion is obtained from the composition and biomechanical properties of the blood vessels and surrounding atheromatous plaques and from a three-dimensional image of the lesion. (Page 6, Paragraph 2)

Regarding Claim 12:

Haridas discloses Method according to claim 3, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 13:

Haridas discloses Method according to claim 4, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 14:

Haridas discloses Method according to claim 5, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 15:

Haridas discloses Method according to claim 6, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 16:

Haridas discloses Method according to claim 7, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 17:

Haridas discloses Method according to claim 8, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 18:

Haridas discloses Method according to claim 9, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 19:

Haridas discloses Method according to claim 10, wherein, for particular parameters concerning the deployment technique, the lesion and the vascular prosthesis, the biomechanical properties of the lesion are taken into account to execute the model of the prosthesis in order to obtain a three-dimensional image of the prosthesis deployed, and then to execute the model of the lesion in order to obtain a three-dimensional image of the enlarged

lesion. (Page 6, Paragraphs 1-2)

Regarding Claim 20:

Haridas discloses Method according to claim 3, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 21:

Haridas discloses Method according to claim 4, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 22:

Haridas discloses Method according to claim 5, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 23:

Haridas discloses Method according to claim 6, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 24:

Haridas discloses Method according to claim 7, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 25:

Haridas discloses Method according to claim 8, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 26:

Haridas discloses Method according to claim 9, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 27:

Haridas discloses Method according to claim 10, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 28:

Haridas discloses Method according to claim 11, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 29:

Haridas discloses Method according to claim 12, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 30:

Haridas discloses Method according to claim 13, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 31:

Haridas discloses Method according to claim 14, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 32:

Haridas discloses Method according to claim 15, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 33:

Haridas discloses Method according to claim 16, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 34:

Haridas discloses Method according to claim 17, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 35:

Haridas discloses Method according to claim 18, wherein the model of the prosthesis is established as a function of the radial pressure and resistance forces on the mesh of the prosthesis. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 36:

Haridas discloses Method according to claim 5, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 37:

Haridas discloses Method according to claim 6, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 38:

Haridas discloses Method according to claim 7, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 39:

Haridas discloses Method according to claim 8, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 40:

Haridas discloses Method according to claim 9, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 41:

Haridas discloses Method according to claim 10, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 42:

Haridas discloses Method according to claim 11, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 43:

Haridas discloses Method according to claim 12, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 44:

Haridas discloses Method according to claim 13, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 45:

Haridas discloses Method according to claim 14, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 46:

Haridas discloses Method according to claim 15, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 47:

Haridas discloses Method according to claim 16, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 48:

Haridas discloses Method according to claim 17, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 49:

Haridas discloses Method according to claim 18, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 50:

Haridas discloses Method according to claim 19, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 51:

Haridas discloses Method according to claim 20, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 52:

Haridas discloses Method according to claim 21, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 53:

Haridas discloses Method according to claim 22, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 54:

Haridas discloses Method according to claim 23, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Regarding Claim 55:

Haridas discloses Method according to claim 24, wherein the model of the lesion is established by means of the finite-element method. (Page 5, Paragraph 1. Figure 7)

Conclusion

5. All Claims are rejected.

6. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Saif A. Alhija whose telephone number is (571) 272-8635. The examiner can normally be reached on M-F, 11:00-7:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Kamini Shah can be reached on (571) 272-22792279. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Art Unit: 2128

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

SAA

May 11, 2007



KAMINI SHAH
SUPERVISORY PATENT EXAMINER